

TOWN OF PORTSMOUTH, RHODE ISLAND



**BOARDS/COMMISSIONS/COMMITTEES
APPLICATION**

DATE: _____ NEW APPOINTMENT: _____ RE-APPOINTMENT: _____

BOARD/COMMISSION/COMMITTEE: _____

NAME: _____

WORK EXPERIENCE RELATED TO THE POSITION BEING APPLIED FOR:

IF RE-APPOINTMENT: PERCENTAGE OF MEETINGS ATTENDED DURING PREVIOUS
TERM: _____

PROVIDE A BRIEF EXPLANATION OF YOUR INTEREST IN THIS POSITION:

SIGNATURE OF APPLICANT: _____

For File Purposes Only:

NAME: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

TELEPHONE NUMBERS: HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

For Design Review Board, Planning Board or Zoning Board applicants only:

PRESENT EMPLOYER NAME & ADDRESS: _____

LENGTH OF EMPLOYMENT: _____

IF LESS THAN 2 YEARS, PREVIOUS EMPLOYER: _____

EDUCATIONAL BACKGROUND: _____